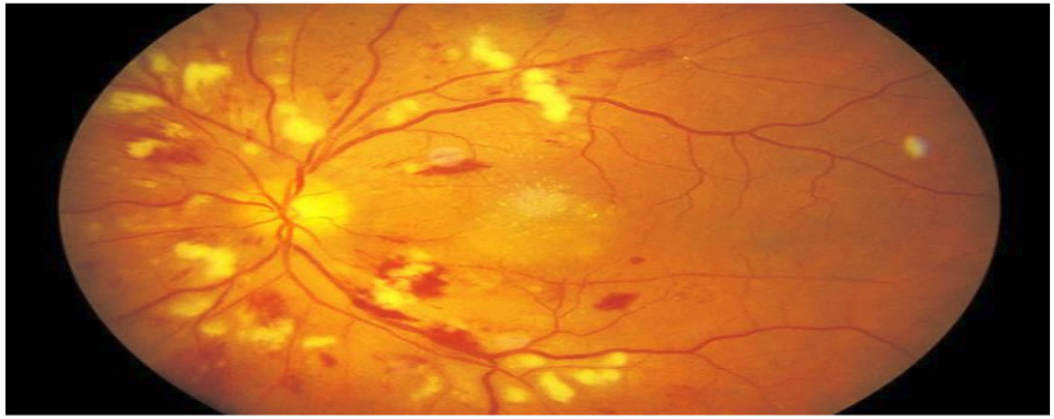
Question 1 of 43

Question Difficulty: Average

Mr. X is complaining of visual disturbance and headache for 2 months. He has a history of diabetes and hypertension for 5 years. Fundoscopic examination is shown in the image.



What is the most likely diagnosis?

- Diabetic retinopathy
- Hypertensive retinopathy
- Hyperviscosity syndrome
- Papilledema
- Central retinal vein occlusion

Description

The image shows features of hypertensive retinopathy with Stage III retinopathy lesions as microaneurysms, blot and flame hemorrhages, hard exudates and cotton wool spots.

CHECK ANSWER END SESSION NEXT

Question 2 of 43

Question Difficulty: Average

Mr. X was admitted the ophthalmology clinic for annual review for assessing the effects of diabetes and hypertension. He reported he is complaining of visual disturbance. He is managed by insulin and ramipril.

Examination shows BP of 160/90 mmhg. Fundoscopy shows hemorrhages in 3 quadrants and micro aneurysms and hard exudates in 2 quadrants. The macula is free. His HBA1c is 38 mmol/mol (plasma glucose of 7 mmol/l).

What is the management of choice?

- Arrange for laser therapy in 3 months
- Urgent referral for laser therapy
- Add thiazide diuretic
- Add metformin
- Review in 6 months

Description

This patient developed non-proliferative diabetic retinopathy. Tight glycemic control and hypertension management are of choice to decrease microvascular and macrovascular complications. His blood pressure is not controlled so another antihypertensive should be added. His serum glucose is well managed.

Urgent referral for ophthalmologist for laser photocoagulation is indicated in proliferative diabetic retinopathy and maculopathy.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 1 ✓ Correct: 0 ✕ Incorrect: 1 Average Score: 0 %

Question 3 of 43

Question Difficulty: Average

Mr. X is complaining of sudden painless loss of vision in his right eye 4 hours ago. Fundoscopic examination confirms the diagnosis of central retinal artery occlusion.

What is management of choice?

- ○ No specific treatment
- ○ Anterior chamber paracentesis
- ○ Ocular massage
- ○ Acetazolamide
- ● Hyperbaric oxygen

Description

Early treatment < 2 h from onset of symptoms may be associated with increased visual recovery and delayed treatment has no effect.

Management lines include:

- Immediate lowering of IOP using medical management (acetazolamide and mannitol), ocular massage and anterior chamber paracentesis
- Thrombolytics, hyperbaric oxygen and retrobulbar block may be tried

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 2 ✓ Correct: 0 × Incorrect: 2 Average Score: 0 %

Question 5 of 43

Question Difficulty: Hard

Mr. X is complaining of eye pain and photophobia for 7 days. Examination shows a dry ulcer in the cornea with feathery border surrounded by a yellow line of demarcation and a base filled with creamy infiltrate.

What is the most likely causative organism?

- Chlamydia trachomatis
- Herpes simplex virus
- Staphylococcus aureus
- Moraxella
- Aspergillus

Description

Aspergillus ulcers are dry with feathery border surrounded by a yellow line of demarcation and a base filled with creamy infiltrate

Bacterial corneal ulcers associated with conjunctival congestion, pain, photophobia and lacrimation

Trachoma caused by Chlamydia trachomatis is usually bilateral with marked follicular inflammation and scarring

Moraxella ulcers are multiple, shallow and slightly infiltrated and accompanied by neuralgic pain in the face and head

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 4 ✓ Correct: 0 × Incorrect: 4 Average Score: 0 %

Question 6 of 43

Question Difficulty: Hard

Mr. X is complaining of painless redness and photophobia of his right eye. He mentioned seeing floaters. Examination shows conjunctival injection which decreases as it reaches the periphery.

What is the most likely diagnosis?

- Iritis
- Choroiditis
- Anterior cyclitis
- Bacterial conjunctivitis
- Iridocyclitis

Description

Uveitis is defined as inflammation of the uveal tract, which includes the iris, ciliary body, and choroid. Posterior uveitis (Choroiditis) presents with blurred vision and floaters with absence of pain, redness and photophobia. Acute anterior uveitis (iritis; iridocyclitis and anterior cyclitis) presents with pain, redness, photophobia, excessive tearing and decreased vision.

Conjunctival examination reveals 360-degree perilimbal injection which increases in intensity as it approaches the limbus (reverse of conjunctivitis pattern).

CHECK ANSWER END SESSION NEXT

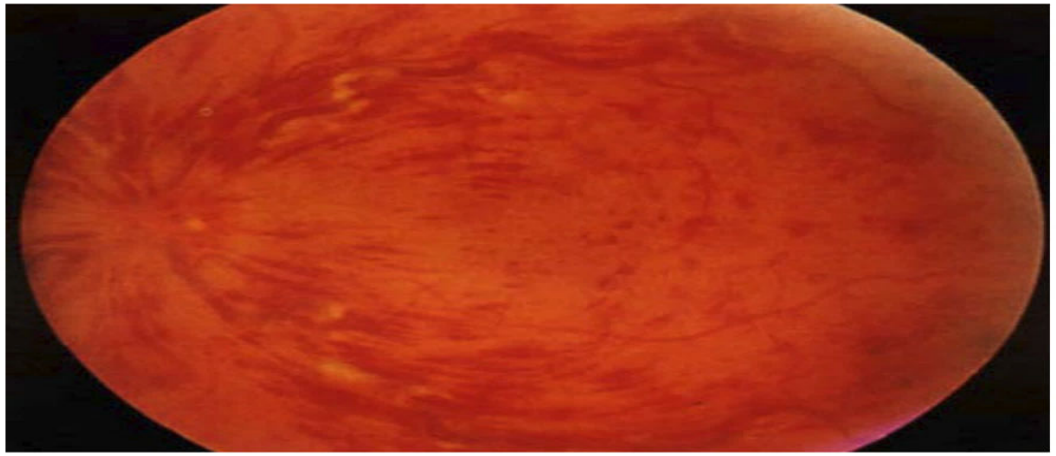
Session Statistics

Answered: 5 ✓ Correct: 1 ✕ Incorrect: 4 Average Score: 20 %

Question 7 of 43

Question Difficulty: Easy

Mr. X is complaining of sudden loss of vision in the right eye 3 hours ago. He denied any associated pain. Funduscopic examination is shown in the image.



What is the most likely diagnosis?

- Papilledema due to idiopathic intracranial hypertension
- Optic neuritis
- Branch retinal vein occlusion
- Central retinal vein occlusion
- Central retinal artery occlusion

Description

Retinal vein occlusion (RVO) is the second most common cause of blindness from retinal vascular disease after diabetic retinopathy.

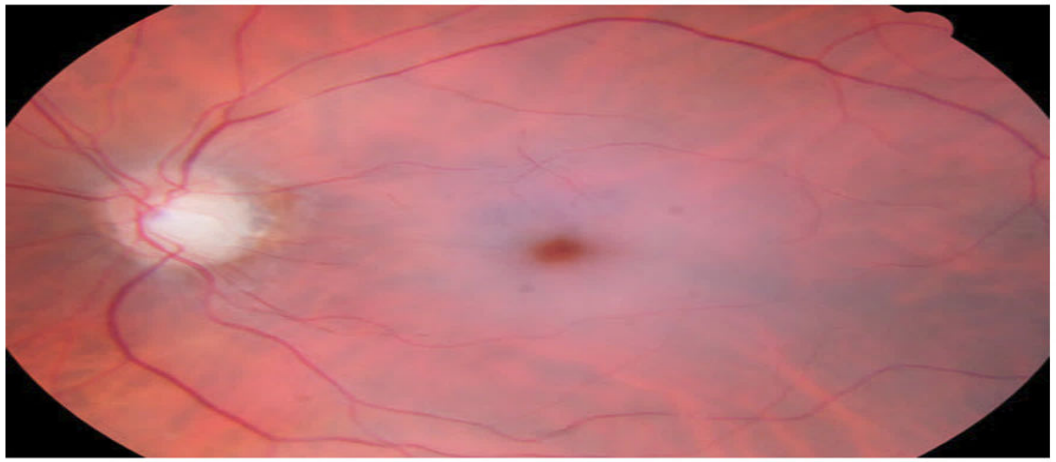
CRVO is presented with sudden painless monocular vision loss or dense central scotoma. Funduscopic examination is the image shows retinal hemorrhage, edema and dilated veins.

CHECK ANSWER END SESSION NEXT

Question 8 of 43

Question Difficulty: Easy

Mrs. X with a history of SLE and antiphospholipid syndrome is admitted due to sudden unilateral visual loss in the left eye. Fundoscopic examination is shown in the image.



What is the most likely diagnosis?

- Retinitis pigmentosa
- Optic neuritis
- Central retinal artery occlusion
- Central retinal vein occlusion
- CMV retinitis

Description

Retinal artery occlusion is manifested by acute persistent painless loss of central vision. It is usually precipitated by hypercoagulable states as antiphospholipid syndrome in this case.

Funduscopic examination shows cherry red spot, ground-glass retina and pale optic disc.

CHECK ANSWER END SESSION NEXT

Question 9 of 43

Question Difficulty: Average

Mr. X is attends the diabetic clinic for fundoscopic annual review. He was diagnosed to have type-2 diabetes 5 years ago and has a history of hypertension. He is managed by metformin, gliclazide and ramipril.

Examination shows BP of 160/90 mmhg. Fundoscopy shows micro aneurysms and hard exudates on 2 quadrants and on the macula. His HBA1c is 53 mmol/mol (plasma glucose of 8.6 mmol/l).

What is the management of choice?

- Switch to insulin
- Review in 6 months
- Add thiazide diuretic
- Urgent referral for laser therapy
- Arrange for laser therapy in 3 months

Description

This patient developed diabetic maculopathy. Urgent referral for ophthalmologist for laser photocoagulation is indicated in proliferative diabetic retinopathy and maculopathy.

CHECK ANSWER END SESSION NEXT

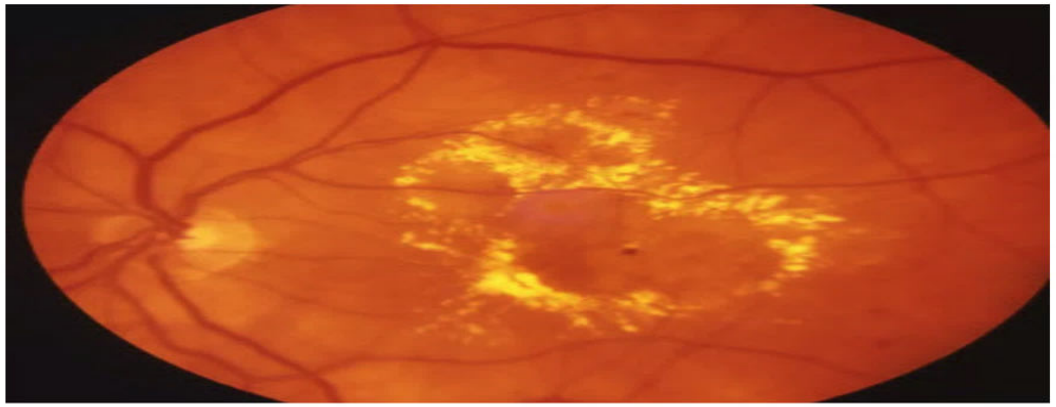
Session Statistics

Answered: 8 ✓ Correct: 1 × Incorrect: 7 Average Score: 12.5 %

Question 10 of 43

Question Difficulty: Hard

Mr. X is complaining of left eye blindness. He has a long history of type-2 diabetes and was booked 6 months ago for ophthalmologist annual review. Fundoscopic examination shows the following image.



What is the most likely diagnosis?

- Proliferative diabetic retinopathy
- Moderate non-proliferative diabetic retinopathy
- Severe non-proliferative diabetic retinopathy
- Mild non-proliferative diabetic retinopathy
- Diabetic maculopathy

Description

The image shows retinal hard exudates on and around the macula. Diabetic maculopathy is manifested by non-proliferative changes as micro aneurysms, blot hemorrhages and hard exudates on the macula.

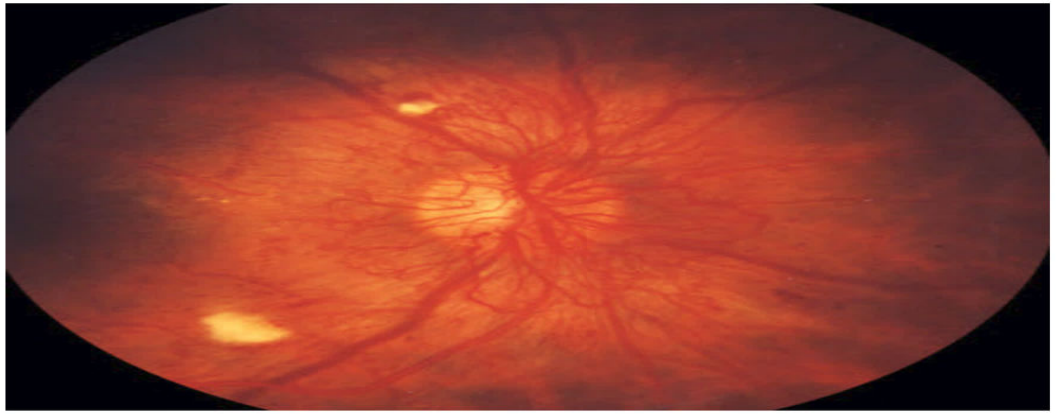
CHECK ANSWER END SESSION NEXT

Session Statistics

Question 11 of 43

Question Difficulty: Easy

Mr. X is with a long history of type-1 diabetes is complaining of bilateral decreased visual acuity. Fundoscopic examination shows the following image.



What is the most likely diagnosis?

- Severe non-proliferative diabetic retinopathy
- Proliferative diabetic retinopathy
- Moderate non-proliferative diabetic retinopathy
- Mild non-proliferative diabetic retinopathy
- Diabetic maculopathy

Description

The image shows retinal neovascularization. It is the hallmark of Proliferative diabetic retinopathy. Other manifestations include:

- Pre-retinal hemorrhages
- Hemorrhage into the vitreous
- Fibro vascular tissue proliferation
- Traction retinal detachments
- Macular edema

CHECK ANSWER END SESSION NEXT

Question 12 of 43

Question Difficulty: Average

Mr. X was diagnosed to have type-2 diabetes. He has never complained of visual disturbance. Fundoscopic examination was free.

When should he get fundoscopic examination again?

- After 6 months
- After 5 years
- After 10 years
- After 2 years
- After a year

Description

Type II diabetics should be screened annually.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 11 ✓ Correct: 2 ✕ Incorrect: 9 Average Score: 18.18 %

Question 13 of 43

Question Difficulty: Average

Mr. X was diagnosed to have type-1 diabetes 2 years ago. How often should he get screened for retinopathy?

- ○ After 3 years
- ○ After 5 years
- ○ Every year
- ○ After 10 years
- ● Every 6 months

Description

Fundoscopic screening program for type I diabetes:

- Newly diagnosed; no screening for the first 5 years
- Five to ten years from initial diagnosis; annually
- Over 10 years after initial diagnosis; every 6 months

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 12 ✓ Correct: 2 ✕ Incorrect: 10 Average Score: 16.67 %

Question 14 of 43

Question Difficulty: Average

Mr. X was admitted the ophthalmology clinic for annual review for assessing the effects of diabetes and hypertension. He reported he is complaining of visual disturbance.

Fundoscopy shows hemorrhages in 4 quadrants and micro aneurysms and hard exudates in 2 quadrants.

What is the most likely diagnosis?

- ○ **Proliferative diabetic retinopathy**
- ● **Severe non-proliferative diabetic retinopathy**
- ○ **Moderate non-proliferative diabetic retinopathy**
- ○ **Stage 1 hypertensive retinopathy**
- ○ **Stage 3 hypertensive retinopathy**

Description

Non-proliferative diabetic retinopathy is manifested by:

- Mild: Indicated by the presence of at least 1 micro aneurysm
- Moderate: Includes the presence of hemorrhages, micro aneurysms and hard exudates
- Severe: Characterized by:
  - Hemorrhages and micro aneurysms in 4 quadrants
  - Venous beading in at least 2 quadrants
  - Intra-retinal microvascular abnormalities in at least 1 quadrant

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 13 ✓ Correct: 2 × Incorrect: 11 Average Score: 15.38

Question 15 of 43

Question Difficulty: Average

Mr. X is complaining of bilateral eye injection and redness for 5 days and 4 days after having an acute rhinitis. Examination shows conjunctival redness which decreased near the limbus and watery or mucinous like secretion.

What is the most likely diagnosis?

- (●) Varicella zoster conjunctivitis
- ( ) Allergic conjunctivitis
- ( ) Adenovirus conjunctivitis
- ( ) Blepharitis
- ( ) Streptococcus conjunctivitis

Description

This patient is complaining of conjunctivitis. It is an inflammation of the conjunctiva. It is manifested by hyperemia more at periphery, swelling and watering.

Viral conjunctivitis causes clear and mucus-like discharge. It is commonly caused after a viral URTI with adenovirus.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 14 ✓ Correct: 3 ✕ Incorrect: 11 Average Score: 21.43 %

Question 16 of 43

Question Difficulty: Average

Mr. X is complaining of bilateral eye pain and redness for 5 days. He mentioned frequent yellowish secretion especially in the morning.

Examination shows conjunctival injection which decreased near the limbus. The cornea shows 3 follicles and neovascularization.

What is the management of choice?

- Oral azithromycin and topical tetracycline
- Topical acyclovir and oral valacyclovir
- IV penicillin
- Oral acyclovir
- Topical doxycycline

Description

This patient is complaining of Trachoma. It is a chronic keratoconjunctivitis caused by the obligate intracellular bacterium Chlamydia trachomatis. Two phases of the disease process exist:

- Active phase is manifested by mucopurulent keratoconjunctivitis, corneal follicles and neovascularization
- Scarring (cicatricial) phase is manifested by tarsal conjunctival scarring, entropion, corneal opacities and trichiasis

Oral azithromycin combined with tetracycline eye ointment is of choice for acute cases.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 15 ✓ Correct: 3 ✕ Incorrect: 12 Average Score: 20 %

Question 17 of 43

Question Difficulty: Easy

Mr. X is complaining of eye pain and photophobia for 7 days. Examination shows conjunctival congestion. There is corneal dendritic ulcer with few small, raised and clear vesicles.

What is the most likely diagnosis?

- Sicca syndrome
- Adenovirus
- Herpes simplex virus keratitis
- Candida keratitis
- Trachoma

Description

Herpes simplex keratitis is the most common cause of corneal blindness. Painful dendritic ulcers are the most common presentation. Other signs and symptoms include:

- Photophobia and blurred vision
- Tearing and redness
- Vesicles which are small, raised and clear

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 16 ✓ Correct: 3 × Incorrect: 13 Average Score: 18.75 %

Question 18 of 43

Question Difficulty: Average

Mr. X is complaining of sudden loss of vision in the left eye. He was admitted 4 days ago due to diagnosed endocarditis.

Funduscopic examination shows scattered cherry red spots in the retina with ground-glass appearance and pale optic disc.

What is the most likely diagnosis?

- (●) **Central retinal artery occlusion**
- ( ) **Central retinal vein occlusion**
- ( ) **Retinitis pigmentosa**
- ( ) **CMV retinitis**
- ( ) **Optic neuritis**

Description

Retinal artery occlusion is manifested by acute persistent painless loss of central vision. It is usually precipitated by hypercoagulable states as endocarditis in this case.

Funduscopic examination shows cherry red spot, ground-glass retina and pale optic disc.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 17 ✓ Correct: 3 ✕ Incorrect: 14 Average Score: 17.65 %

Question 19 of 43

Question Difficulty: Average

Mr. X is complaining of bilateral eye pain and redness for 5 days. He reported stickiness of the eye lids especially in the morning with frequent yellow crusts.

Examination shows yellowish discharge with conjunctival watering more at periphery and some swelling.

What is the most likely diagnosis?

- Choroiditis
- Allergic conjunctivitis
- Iridocyclitis
- Viral conjunctivitis
- **Bacterial conjunctivitis**

Description

Conjunctivitis is inflammation of the conjunctiva. It is manifested by hyperemia more at periphery, swelling and watering.

Bacterial conjunctivitis causes yellowish mucopurulent discharge that may cause the lids to stick together.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 18 ✓ Correct: 4 ✕ Incorrect: 14 Average Score: 22.22 %

Question 20 of 43

Question Difficulty: Hard

Mr. X is complaining of progressive visual disturbance. Slit lamb examination shows cataract. Fundoscopic examination shows

Which of the following types of cataract is the diagnosis?

- Lamellar cataract
- Nuclear sclerosis cataract
- Subcapsular cataract
- Cortical cataract
- Polar cataract

Description

Classification of cataracts

- Nuclear sclerosis is the most common type
- Cortical cataracts are due to the lens cortex (outer layer) becoming opaque
- Posterior subcapsular cataracts are cloudy at back of the lens adjacent to the capsule in which the lens sits
- Congenital cataract (lamellar, polar and sutural)

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 19 ✓ Correct: 5 × Incorrect: 14 Average Score: 26.32 %

Question 21 of 43

Question Difficulty: Easy

60 years Mr. X is complaining of progressive difficulty with night vision and reading for 2 years. He has a 12 years history of diabetes and hypertension.

Funduscopic examination shows tiny accumulations on the retina causing focal islands of atrophy. Some of the islands are coalescence together forming of large zones of atrophy. There are retinal pigment changes.

What is the most likely diagnosis?

- Hypertensive retinopathy
- Diabetic retinopathy
- Dry age-related macular degeneration
- Retinitis pigmentosa
- Wet age-related macular degeneration

Description

Age-related macular degeneration is a medical condition that usually affects older adults and results in a loss of vision in the macula due to damage to the retina. It occurs in dry (non-exudative) and wet (exudative) forms. It is manifested by:

- Difficulty with night vision and with changing light conditions
- Visual fluctuation
- Difficulty with reading and making out faces
- Metamorphopsia (distortion of visual images)

Dry AMD funduscopic examination shows:

- Drusen (tiny accumulations of extracellular material that build up on the retina)
- Retinal pigment changes
- Advanced stages shows coalescence of focal islands of atrophy and formation of large zones of atrophy

CHECK ANSWER END SESSION NEXT

Question 22 of 43

Question Difficulty: Hard

Mr. X is complaining of frontal headache and visual disturbance for 4 months. Examination of the visual field shows tunnel vision. Fundoscopic examination shows optic disc cupping.

All the following drugs would be used for management except?

- Timolol
- Latanoprost
- Acetazolamide
- Pilocarpine
- Epinephrine

Description

This patient is complaining of open-angle glaucoma. It is a chronic and progressive glaucoma with open anterior chamber angles. It is exacerbated by myopia. Pilocarpine is a miotic agent and is contraindicated.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 21 ✓ Correct: 5 × Incorrect: 16 Average Score: 23.81 %

Question 23 of 43

Question Difficulty: Average

Mr. X is admitted to the ED due to right periorbital severe pain that started 2 hours ago. On questioning he mentioned that the pain is exacerbated by dark and he is seeing halos around objects.

Examination shows dilated, irregular non-reacting right pupil with corneal and scleral injection. Visual field testing shows tunnel vision. Fundoscopic examination shows optic disc cupping.

What is the most likely diagnosis?

- (●) Cluster headache
- ( ) Angle-closure glaucoma
- ( ) Iridocyclitis
- ( ) Open-angle glaucoma
- ( ) Idiopathic intracranial hypertension

Description

Acute angle-closure glaucoma (AACG) is an ocular emergency due to its acute presentation due to sudden impairment of aqueous outflow. It is manifested by:

- Sudden periorbital boring pain with an ipsilateral headache
- Visual deficits and the patient describe seeing halos around objects
- Symptoms worse with mydriasis (watching TV in a dark room)
- Dilated, irregular non-reacting pupil
- Corneal and scleral injection and ciliary flush

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 22 ✓ Correct: 5 × Incorrect: 17 Average Score: 22.73

Question 24 of 43

Question Difficulty: Average

Mr. X is complaining of visual disturbance. He reported 3 previous episodes of conjunctivitis and a recent history of genito-urinary infection.

Examination of both eyelids shows entropion and the eyelashes are misdirected and grow inwards toward the eye. There is tarsal conjunctival scarring. The cornea shows central opacification.

What is the most likely diagnosis?

- Cicatricial Trachoma
- Onchocerciasis
- Acute Trachoma
- Molluscum contagiosum conjunctivitis
- Anterior uveitis

Description

This patient is complaining of Trachoma. It is a chronic keratoconjunctivitis caused by the obligate intracellular bacterium Chlamydia trachomatis. Two phases of the disease process exist:

- Active phase is manifested by mucopurulent keratoconjunctivitis, corneal follicles and neovascularization
- Scarring (cicatricial) phase is manifested by tarsal conjunctival scarring, entropion, corneal opacities and trichiasis

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 23 ✓ Correct: 5 × Incorrect: 18 Average Score: 21.74 %

Question 25 of 43

Question Difficulty: Average

Mr. X is attends the diabetic clinic for fundoscopic annual review. He was diagnosed to have type-2 diabetes 5 years ago and has a history of hypertension. He is managed by metformin, gliclazide, sitagliptin and ramipril.

Examination shows BP of 130/80 mmhg. Examination shows hemorrhages, micro aneurysms and hard exudates on 3 quadrants. His HBA1c is 53 mmol/mol (plasma glucose of 8.6 mmol/l).

What is the management of choice?

- ◉ Review in 6 months
- ○ Switch to insulin
- ○ Add thiazide diuretic
- ○ Arrange for laser therapy in 3 months
- ○ Urgent referral for laser therapy

Description

This patient developed moderate non-proliferative diabetic retinopathy. Tight glycemic control and hypertension management are of choice to decrease microvascular and macrovascular complications. His blood pressure is controlled but plasma glucose is not controlled despite 3 drugs management so he should be switched to insulin.

Urgent referral for ophthalmologist for laser photocoagulation is indicated in proliferative diabetic retinopathy and maculopathy.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 24 ✓ Correct: 5 ✕ Incorrect: 19 Average Score: 20.83 %

Question 26 of 43

Question Difficulty: Average

Mr. X is complaining of chronic headache and bilateral visual disturbance for 6 months. He reports seeing halos around objects and he complained of myopia 2 years ago.

Examination of the visual field shows peripheral fields loss. Fundoscopic examination shows optic disc cupping.

What is the most likely diagnosis?

- Iridocyclitis
- Open-angle glaucoma
- Idiopathic intracranial hypertension
- Cluster headache
- Angle-closure glaucoma

Description

Primary open-angle glaucoma is a chronic and progressive glaucoma with open anterior chamber angles. It is exacerbated by myopia.

Examination shows peripheral visual field loss (tunnel vision) and optic disc cupping.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 25 ✓ Correct: 5 × Incorrect: 20 Average Score: 20 %

Question 27 of 43

Question Difficulty: Hard

Mr. X is complaining of seeing flashes of light. Visual field testing shows loss of peripheral visual loss. Fundoscopic examination shows pigment deposits in the periphery with retinal atrophy.

What is the management of choice?

- Photodynamic therapy
- Review in 6 months
- Ranibizumab
- Retinal transplantation
- Laser photocoagulation

Description

This patient is complaining of Retinitis pigmentosa. It is a group of inherited disorders characterized by photopsia (seeing flashes of light) and progressive peripheral vision loss and night vision difficulties (nyctalopia) that can progress to central vision loss.

Surgical transplantation of retina or retinal pigment epithelial tissue is the management of choice.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 26 ✓ Correct: 5 ✕ Incorrect: 21 Average Score: 19.23 %

Question 28 of 43

Question Difficulty: Average

Mr. X is complaining of pain, redness and excessive tearing in the both eyes for 7 days. He also reported diminished visual acuity.

Visual acuity examination shows 6/36 in both eyes. Conjunctival examination reveals perilimbal injection which increases in intensity as it approaches the limbus.Slit -lamp examination shows grade 3 white blood cells precipitation in the anterior chamber.

What is the most likely diagnosis?

- Bacterial conjunctivitis
- Anterior cyclitis
- Choroiditis
- Iritis
- Iridocyclitis

Description

This patient is complaining of acute anterior uveitis (iritis; iridocyclitis and anterior cyclitis). It is presented with pain, redness, photophobia, excessive tearing and decreased vision.

Conjunctival examination reveals 360-degree perilimbal injection which increases in intensity as it approaches the limbus (reverse of conjunctivitis pattern).

Slit-lamp examination shows white blood cells precipitates on the endothelium in iritis which is pathognomonic for iritis.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 27 ✓ Correct: 5 × Incorrect: 22 Average Score: 18.52 %

Question 29 of 43

Question Difficulty: Average

Mr. X is complaining of gradually disturbed visual acuity in both eyes over the past 5 months.

Fundoscopic examination shows papilledema and ring of exudates around the retina. His visual acuity is 6/36 in both eyes.

What is the most likely diagnosis?

- Hypertensive retinopathy stage II
- Optic neuritis
- Hypertensive retinopathy stage IV
- Hypertensive retinopathy stage III
- Diabetic retinopathy

Description

Hypertensive retinopathy is damage to the retina and retinal circulation due to hypertension. Macular involvement occurs in stage IV. It is manifested by papilledema, macular star (ring of exudates around the retina) and loss of visual acuity.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 28 ✓ Correct: 5 ✕ Incorrect: 23 Average Score: 17.86 %

Question 30 of 43

Question Difficulty: Average

Mr. X is complaining of pain, redness and excessive tearing in the left eye for 7 days. He has a history of Ankylosing spondylitis.

Conjunctival examination reveals perilimbal injection which increases in intensity as it approaches the limbus.

What is the most likely diagnosis?

- Bacterial conjunctivitis
- Posterior uveitis
- Toxocara conjunctivitis
- Acute anterior uveitis
- Herpes zoster conjunctivitis

Description

Uveitis is defined as inflammation of the uveal tract, which includes the iris, ciliary body, and choroid. Anterior uveitis is the form most likely to present, it includes iritis; iridocyclitis and anterior cyclitis.

Acute anterior uveitis presents with pain, redness, photophobia, excessive tearing and decreased vision. Posterior uveitis presents with blurred vision and floaters with absence of pain, redness and photophobia.

Conjunctival examination reveals 360-degree perilimbal injection which increases in intensity as it approaches the limbus (reverse of conjunctivitis pattern).

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 29 ✓ Correct: 5 × Incorrect: 24 Average Score: 17.24 %

Question 31 of 43

Question Difficulty: Average

Mr. X is complaining of bilateral eye pain and redness for 5 days. He reported stickiness of the eye lids especially in the morning with frequent yellow crusts.

Examination shows yellowish discharge with conjunctival watering. 3 days later the cornea showed some follicles and new vessels.

What is the most likely diagnosis?

- Trachoma
- Choroiditis
- Viral conjunctivitis
- Bacterial conjunctivitis
- Iritis

Description

Trachoma is a chronic keratoconjunctivitis caused by the obligate intracellular bacterium Chlamydia trachomatis. Two phases of the disease process exist:

- Active phase is manifested by mucopurulent keratoconjunctivitis, corneal follicles and neovascularization
- Scarring (cicatricial) phase is manifested by tarsal conjunctival scarring, entropion, corneal opacities and trichiasis

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 30 ✓ Correct: 5 × Incorrect: 25 Average Score: 16.67 %

Question 32 of 43

Question Difficulty: Hard

Mr. X is complaining of bilateral eye pain and redness for 5 days. He mentioned frequent watery or mucinous like tears all over the day.

Examination shows conjunctival injection which decreased near the limbus. There is conjunctival swelling and covered by small, elevated and umbilicated nodules.

What is the most likely causative organism?

- Chlamydia trachomatis
- Varicella zoster virus
- Herpes simplex virus
- Molluscum contagiosum
- Staphylococcus aureus

Description

This patient is complaining of conjunctivitis. It is an inflammation of the conjunctiva. It is manifested by hyperemia more at periphery, swelling and watering.

Viral conjunctivitis causes clear and mucus-like discharge. Molluscum contagiosum is manifested by small, elevated and umbilicated nodules.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 31 ✓ Correct: 5 × Incorrect: 26 Average Score: 16.13 %

Question 33 of 43

Question Difficulty: Average

Mr. X is complaining of progressive visual disturbance. He has a long history of diabetes, ischemic heart and rheumatoid arthritis. Slit lamb examination shows cataract.

Which of the following drugs would precipitate cataract?

- Atenolol
- Sulfonylurea
- Captopril
- Oral prednisolone
- Methotrexate

Description

Drugs causing cataract include topical and systemic steroids, antipsychotics and miotics.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 32 ✓ Correct: 5 × Incorrect: 27 Average Score: 15.63 %

Question 34 of 43

Question Difficulty: Average

Mr. X is complaining of red painful left eye and decreased visual acuity especially near vision. Slit lamb examination shows upward and outward displacement of the crystalline lens.

Which of the following diseases would be expected?

- Marfan syndrome
- Refsum syndrome
- Homocystinuria
- Ehlers-Danlos syndrome
- Sturge-Weber syndrome

Description

This patient is complaining of ectopia lentis. It is defined as displacement or malposition of the crystalline lens of the eye. Common presenting symptoms include red painful eye, decreased distance visual acuity, poor near vision and monocular diplopia. Causes include:

- Marfan syndrome (upward and outward)
- Homocystinuria (downward and inwards)
- Ehlers-Danlos syndrome
- Refsum syndrome
- Sturge-Weber syndrome

CHECK ANSWER END SESSION NEXT

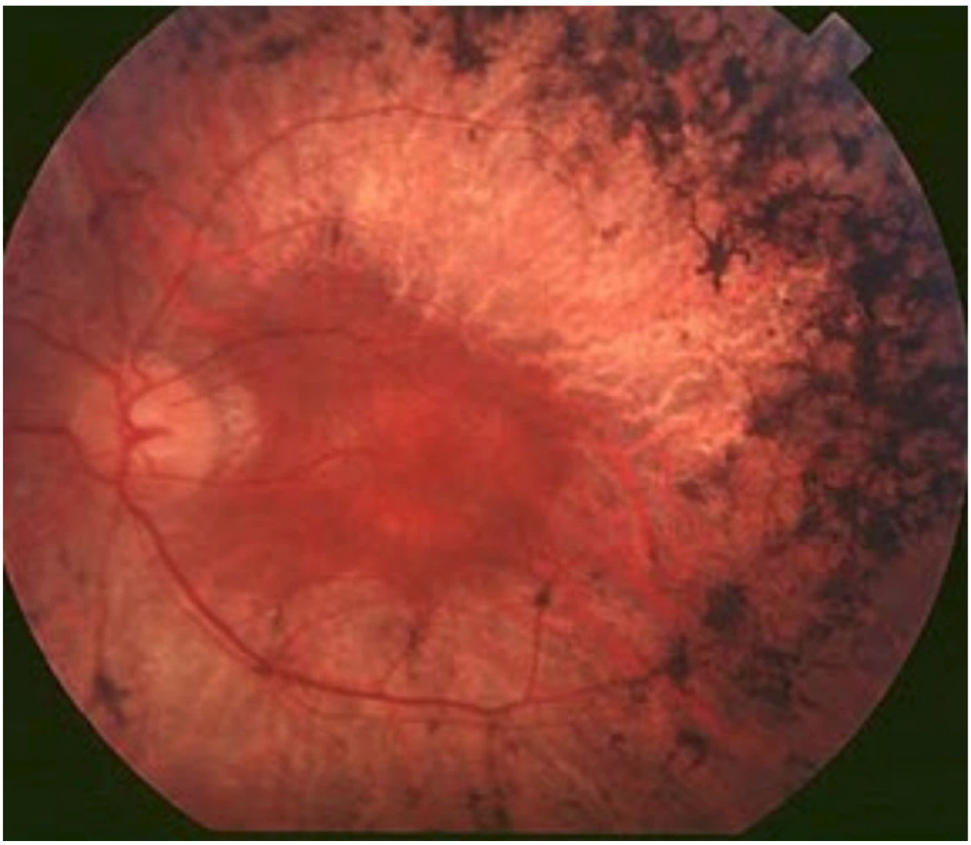
Session Statistics

Answered: 33 ✓ Correct: 5 × Incorrect: 28 Average Score: 15.15 %

Question 35 of 43

Question Difficulty: Average

Mr. X is complaining of night vision difficulties. Visual field testing shows loss of peripheral visual loss and color testing shows mild blue-yellow axis color defects. Fundoscopic examination shows the following image.



What is the most likely diagnosis?

- Retinitis pigmentosa
- Retinal detachment
- Peripheral retinal artery occlusion
- Retinal neovascularization
- Hypertensive retinopathy

Description

Retinitis pigmentosa (RP) is a group of inherited disorders characterized by photopsia (seeing flashes of light) and progressive peripheral vision loss and night vision difficulties (nyctalopia) that can progress to central vision loss.

Fundoscopic examination shows pigment deposits in the mid periphery along with retinal atrophy. While the macula is preserved there is some loss of pigmentation around it.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 34 ✓ Correct: 5 × Incorrect: 29 Average Score: 14.71 %

Question 36 of 43

Question Difficulty: Hard

75 years Mr. X is complaining of progressively disturbed night vision for 3 years. He has a 12 years history of diabetes and hypertension.

Examination shows he has difficulty with reading and making out faces. Funduscopic examination shows choroid neovascularization and areas of retinal edema, detachments and lipid deposits.

What is the management of choice?

- Intravitreal injection of ranibizumab
- Hypertension management
- Review in 3 months
- Tight glycemic control
- Photodynamic therapy

Description

This patient is complaining of wet AMD. Funduscopic examination shows sub-retinal fluid, pigment epithelial (RPE) detachments, hemorrhage and lipid deposits. Management lines include:

- Intravitreal injection anti-vascular endothelial growth factor(VEGF) agents as ranibizumab or pegaptanib is the first line especially in wet AMD
- Photodynamic therapy is second line
- Thermal laser photocoagulation surgery

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 35 ✓ Correct: 5 × Incorrect: 30 Average Score: 14.29 %

Question 37 of 43

Question Difficulty: Average

Mr. X is complaining of seeing flashes of light and night vision difficulties. He has a long history of diabetes and hypertension.

Visual field testing shows loss of peripheral visual loss. Fundoscopic examination shows pigment deposits in the periphery with retinal atrophy.

What is the most likely diagnosis?

- Wet age-related macular degeneration
- Hypertensive retinopathy
- Dry age-related macular degeneration
- Retinitis pigmentosa
- Peripheral retinal artery occlusion

Description

Retinitis pigmentosa (RP) is a group of inherited disorders characterized by photopsia (seeing flashes of light) and progressive peripheral vision loss and night vision difficulties (nyctalopia) that can progress to central vision loss.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 36 ✓ Correct: 5 × Incorrect: 31 Average Score: 13.89 %

Question 38 of 43

Question Difficulty: Hard

Mr. X is complaining of bilateral eye pain and redness for 5 days. He mentioned frequent watery or mucinous like tears all over the day.

Examination shows conjunctival injection which decreased near the limbus. There are multiple painful fluid-filled multiple vesicles on the upper lid.

What is the most likely causative organism?

- Chlamydia trachomatis
- Varicella zoster virus
- Herpes simplex virus
- Molluscum contagiosum
- Staphylococcus aureus

Description

This patient is complaining of conjunctivitis. It is an inflammation of the conjunctiva. It is manifested by hyperemia more at periphery, swelling and watering.

Viral conjunctivitis causes clear and mucus-like discharge. Herpes simplex virus is associated with vesicles.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 37 ✓ Correct: 5 × Incorrect: 32 Average Score: 13.51 %

Question 39 of 43

Question Difficulty: Easy

75 years Mr. X is complaining of progressively disturbed night vision for 3 years. He has a 12 years history of diabetes and hypertension.

Examination shows he has difficulty with reading and making out faces. Funduscopic examination shows choroid neovascularization and areas of retinal edema, detachments and lipid deposits.

What is the most likely diagnosis?

- ○ **Hypertensive retinopathy**
- ○ **Retinitis pigmentosa**
- ◉ **Wet age-related macular degeneration**
- ○ **Diabetic retinopathy**
- ○ **Dry age-related macular degeneration**

Description

Age-related macular degeneration is a medical condition that usually affects older adults and results in a loss of vision in the macula due to damage to the retina. It occurs in dry (non-exudative) and wet (exudative) forms. It is manifested by:

- Difficulty with night vision and with changing light conditions
- Visual fluctuation
- Difficulty with reading and making out faces
- Metamorphopsia (distortion of visual images)

Wet AMD is caused by choroid neovascularization behind the retina which can leak exudate and fluid and also cause hemorrhaging.

Funduscopic examination shows sub-retinal fluid, pigment epithelial (RPE) detachments, hemorrhage and lipid deposits.

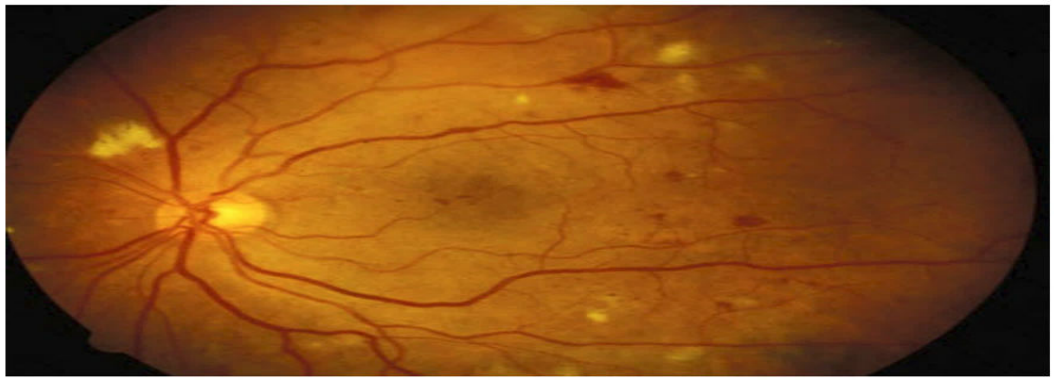
CHECK ANSWER END SESSION NEXT

Session Statistics

Question 40 of 43

Question Difficulty: Average

On an annual fundoscopic review of Mr. X with a history of type-2 diabetes the following result is shows in the image.



What is the most likely diagnosis?

- ○ **Severe non-proliferative diabetic retinopathy**
- ○ **Diabetic maculopathy**
- ○ **Moderate non-proliferative diabetic retinopathy**
- ◉ **Proliferative diabetic retinopathy**
- ○ **Mild non-proliferative diabetic retinopathy**

Description

The image shows retinal hemorrhages and micro aneurysms in 4 quadrants. Non-proliferative diabetic retinopathy is classified into:

- Mild: Indicated by the presence of at least 1 micro aneurysm
- Moderate: Includes the presence of hemorrhages, micro aneurysms and hard exudates
- Severe: Characterized by:
  - Hemorrhages and micro aneurysms in 4 quadrants
  - Venous beading in at least 2 quadrants
  - Intra-retinal microvascular abnormalities in at least 1 quadrant

CHECK ANSWER END SESSION NEXT

Question 41 of 43

Question Difficulty: Average

Mr. X is complaining of sudden painless loss of vision in the right eye 6 hours ago. Funduscopic examination shows swollen optic disc with retinal hemorrhages in all four quadrants. The retinal veins are dilated with retinal edema.

What is the most likely diagnosis?

- Central retinal artery occlusion
- Optic neuritis
- Papilledema
- Branch retinal vein occlusion
- **Central retinal vein occlusion**

Description

Retinal vein occlusion (RVO) is the second most common cause of blindness from retinal vascular disease after diabetic retinopathy.

CRVO is presented with sudden painless monocular vision loss or dense central scotoma. Funduscopic examination is the image shows retinal hemorrhage, edema and dilated veins.

CHECK ANSWER END SESSION NEXT

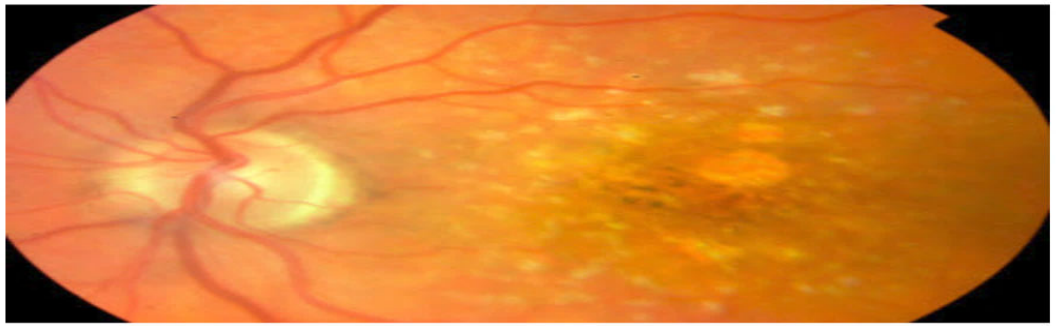
Session Statistics

Answered: 40 ✓ Correct: 6 ✕ Incorrect: 34 Average Score: 15 %

Question 42 of 43

Question Difficulty: Hard

Mr. X is complaining of difficulty with night vision and reading for 2 years. Funduscopic examination is shown in the image.



What is the most likely diagnosis?

- Retinitis pigmentosa
- Dry age-related macular degeneration
- Diabetic retinopathy
- Hypertensive retinopathy
- Wet age-related macular degeneration

Description

Dry AMD funduscopic examination shows:

- Drusen (tiny accumulations of extracellular material that build up on the retina)
- Retinal pigment changes
- Advanced stages shows coalescence of focal islands of atrophy and formation of large zones of atrophy

CHECK ANSWER END SESSION NEXT

Session Statistics

Question 43 of 43

Question Difficulty: Average

Mr. X is complaining of progressive deterioration of vision in his left eye for 5 days. He has a history of hypertension and diabetes for more than 10 years.

His visual acuity is 6/6 in the right and 6/36 in the left. Fundoscopy examination shows retinal hemorrhage, edema and dilated veins in the superior medial quadrant.

What is the most likely diagnosis?

- (●) Central retinal vein occlusion
- ( ) Branch retinal artery occlusion
- ( ) Branch retinal vein occlusion
- ( ) CMV retinitis
- ( ) Central retinal artery occlusion

Description

BRVO may be asymptomatic and noted incidentally on funduscopic examination. Funduscopic examination shows retinal hemorrhage, edema and dilated veins on a part of the retina.

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 42 ✓ Correct: 7 × Incorrect: 35 Average Score: 16.67 %

Question 44 of 43

Question Difficulty: Average

Mr. X is complaining of gradually disturbed visual acuity in both eyes and recurrent headache over the past 5 months. He has a history of diabetes and hypertension for 5 years.

Fundoscopic examination shows arteriosclerosis with fibrotic arteries and interlaced arterioles and venules.

What is the most likely diagnosis?

- Optic neuritis
- Hypertensive retinopathy stage II
- Hypertensive retinopathy stage IV
- Diabetic retinopathy
- Hypertensive retinopathy stage III

Description

Hypertensive retinopathy is damage to the retina and retinal circulation due to hypertension. Arteriolar changes occurs in stage II as arteriosclerosis (early copper and late fibrotic silver wiring) and AV nicking (arterioles crossing on venules with bulging on either side of the crossing).

CHECK ANSWER END SESSION NEXT

Session Statistics

Answered: 43 ✓ Correct: 7 ✕ Incorrect: 36 Average Score: 16.28 %